Request to Attend Professional Development

Description of Professional Development must be attached to request form.

Name: _____ Position: _____

School: JES JHS KES KHS OES OHS

Name of P.D. Activity: _____

Dates of P.D. Activity: Beginning Day _____ Ending Day _____

Location of P.D. Activity: _____ Hours Earned: _____

Registration Fee: $ _____ Hotel Cost $_____ Travel: [ ] Yes [ ] No

This activity will be used to meet my 60 hours of Professional Development. [ ] Yes [ ] No

I have already met my required 60 hours of Professional Development. [ ] Yes [ ] No

Does this professional development meet the following 5 criteria for approval:

(1) The training is supported by the building or district ACSIP plan. [ ] Yes [ ] No
(2) The training is aligned with state standards. [ ] Yes [ ] No
(3) The training is based upon scientifically based research. [ ] Yes [ ] No
(4) The training leads to improved student achievement. [ ] Yes [ ] No
(5) The training follows all guidelines for district, state, federal and grant funding. [ ] Yes [ ] No

Check the PD Areas That Pertain to This Workshop

___Content (K-12)
___Professional Conference
___Educational Technology
___Advocacy/Leadership
___Instructional Strategies
___Standards, frameworks, & curriculum alignment
___Principles of learning/developmental stages
___Building a collaborative learning community
___Systemic Change Process
___Supervision
___Assessment
___Cognitive Research
___Parental Involvement
___Mentoring/Coaching

Principal: _____ Date: _____

Curriculum Administrator: _____ Date: _____

Federal Coordinator: _____ Date: _____

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Requested Granted: [ ] **Request Denied: [ ]**

Hours can be used towards required 60 PD Hours [ ] Hours CAN NOT be used towards 60 PD Hours [ ]

Reason for Denial of PD Activity:
[ ] Does Not Support ACSIP Plan
[ ] Does Not Meet Definition of PD
[ ] Funding Not Available
[ ] Hours Already Met
[ ] Topic Offered In-House

[ ] Other: _____